FORM STATE OF HAWAII — DEPARTMENT OF TAXATION U-6 PUBLIC SERVICE COMPANY TAX RETURN (REV. 2014)

Preparer's

Information

Firm's name (or yours if self-employed),
Address, and Postal/Zip Code

calendaryear 2015

			(Based on income for calendar yea	ar 2014	l or fiscal year be		١				
		VCF141	(NOTE: Do NOT use Form U-6 the counties' share of the publ	to cal	culate and/or re	mit	,				
								Began in Hawa	ıii		
OR TYPE	DBA (if any) Hawaii Ta							x I.D. No.			
PRINT O	Address (number and street) Federal E							Employer I.D. No.			
• PI	City, State, and Postal/ZIP Code Amoun \$							paid with this return			
								AX (from page 2; <u>Do Not</u> enter TAX DUE amount)			
<u> </u>	CHONT		INCOME FROM PRECEDING TAXA	DIE\	EAD BEGINNIN	G IN 2014					
1	Gross In		ss (describe fully from what sources r			G IN 2014					
	(2) (3) (1) (2) (3) (1) (2) (3) (1) (2)	Worthless Accounts Charged O Purposes (see Instructions) Adjusted Gross Income (line 1ar Sales of Products or Services to Resale to the Consumer Worthless Accounts Charged O Purposes (see Instructions) Adjusted Gross Income (line 1br Sales of Telecommunication Ser Section 237-13(6)(D), HRS, for Worthless Accounts Charged O Purposes (see Instructions) Adjusted Gross Income (line 1cd Worthless Accounts Charged O Purposes (see Instructions)	ff for Net Income Tax (1) minus line 1a(2))	. 1a(. 1b(. 1b(. 1c(. 1c(. 1d((1)		1b(3) 1c(3)				
2	Eguipme	ent Rentals Received (attach sch	nedule and describe fully)				2				
	2 Equipment Rentals Received (attach schedule and describe fully)										
4	4 Non-Operating Income from Public Utility Business (attach schedule and describe fully)										
5	TOTAL A	ADJUSTED GROSS INCOME (a	dd lines 1 through 4)				5				
Please Sign Here		DECLARATION — I declare, under the penalties set forth in section 231-36, HRS, that this return (inclu schedules or statements) has been examined by me and, to the best of my knowledge and belief is a tru made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chapt					rue, cor oter 239	rect, and com	/ing plete return,		
_		Signature of officer		Date	Date	Tit Check if	ile	Preparer's ident	tification number		
Paid		Preparer's Signature and Print Preparer's Name		-	Zaio	self-em- ployed	$\square \bullet $				

Federal E.I. No.➤

Phone No.



Name as shown on return	Federal Employer Identification Number

	VCF142											
SECTION II — COMPUTATION OF TAX (Line references are to lines on page 1.) Note: Enter TOTAL TAX amount on page 1.												
PART I. — FOR PUBLIC UTILITIES TAXED UNDER SECTION 239-5 (a), (b) and (c), HRS.												
Note: A Public Utility taxed under section 239-5(a), HRS, must also attach to this return year-end balance sheets, income statements, and an analysis of retained earnings for the utility and non-utility portions of the business.												
	Line 5 less lines 1a(3), 1b(3),											
	and 1c(3)	ТА										
В	Line 1a(3)	т В										
_	Line 41/0)	_ _										
C	Line 1b(3)	T <u>C</u>										
D	Line 1c(3)	тЬр										
		· -										
Ε	TOTAL TAX (add lines A, B, C, and D)	► E•										
F	Nonrefundable Tax Credit - Credit for Lifeline Telephone Service											
_	Subsidy (see Instructions)		ļ									
G	Balance (line E minus line F, but not less than zero)	G										
П	Payment with Extension (attach Form N-755) (see Instructions)	\dashv										
J	Total Payments (add lines H and I)	J●		Т								
K	TAX DUE (if line G is larger than J), enter AMOUNT OWED. (if line G exceeds \$100,000,											
	see Instructions, When Is the Tax Payable)	K●										
	OVERPAYMENT (if line J is larger than line G), enter AMOUNT OVERPAID	L●	<u> </u>									
PAF	RT II. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(b), HRS.		1									
^	TOTAL TAX (line 1a(3)	- A•										
В	Payment with Extension (attach Form N-755) (see Instructions)	A										
С	Tax Installment Payments (see Instructions)	\dashv										
D	Total Payments (add lines B and C)	D●										
Ε	TAX DUE (if line A is larger than line D), enter AMOUNT OWED.											
	(if line A exceeds \$100,000, see Instructions, When Is the Tax Payable)											
	OVERPAYMENT (if line D is larger than line A), enter AMOUNT OVERPAID	F●	<u></u>									
PAI	RT III. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(c), HRS.		1									
Α	Line 1b(3)	г										
,,	X 1.0 % (in/od rate): 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	` ``										
В	Line 1c(3)	т В										
С	TOTAL TAX (add lines A and B)	- C•	<u></u>									
D	Payment with Extension (attach Form N-755) (see Instructions) D	4										
E	Tax Installment Payments (see Instructions)	Ге		T								
F G	Total Payments (add lines D and E)	F●	 	+-								
u	(if line C exceeds \$100,000, see Instructions, When Is the Tax Payable)	G●										
_H	OVERPAYMENT (if line F is larger than line C), enter AMOUNT OVERPAID	H●										